

## **MDR Tracking Number: M5-05-1254-01**

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 12-27-04.

### **I. DISPUTE**

Whether there should be additional reimbursement for CPT code 99213 on dates of service 01-21-04, 01-26-04 and 01-28-04, whether there should be reimbursement for CPT code 99213 on date of service 01-06-04 and whether there should be reimbursement for CPT codes 97545-WH and 97546-WH and 99080-73 for dates of service 02-27-04 through 04-14-04.

### **II. FINDINGS**

On 01-18-05, the Division submitted a Notice to the requestor to notify the requestor that the dispute contained fee issues only. Per Rule 133.307(g)(3), the Notice also requested the requestor to submit additional documentation necessary to support the fee charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

### **III. RATIONALE**

CPT code 99213 date of service 01-06-04 denied with denial code "G" (unbundling). The carrier made no payment. Per Rule 134.202(a)(4) and 133.304(c) the carrier did not specify which service code 99213 was global to. Per Rule 134.202(c)(1) reimbursement is recommended in the amount of **\$68.24 (\$54.59 X 125%)**.

CPT code 99213 dates of service 01-21-04, 01-26-04 and 01-28-04 denied with denial code "F" (fee guidelines MAR reduction). The carrier made a payment of \$198.57. Additional reimbursement per Rule 134.202(c)(1) is recommended in the amount of **\$6.15 (\$54.59 X 125% = \$68.24 X 3 = \$204.72 minus carrier payment of \$198.57)**.

CPT code 99080-73 date of service 03-08-04 is listed on the table of disputed services. Per EOB submitted by the carrier a payment of \$15.00 was made via check number 1875419519. No additional reimbursement is recommended.

CPT codes 97545-WH and 97546-WH dates of service 02-27-04 through 04-14-04 are listed on the table of disputed services. An EOB submitted by the respondent revealed that proper reimbursement has been made via check number 1875419510. No further dispute exists for these codes on these dates of service.

#### **IV. DECISION**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code 99213 for date of service 01-06-04 and entitled to additional reimbursement for CPT code 99213 for dates of service 01-21-04, 01-26-04 and 01-28-04. The requestor **is not** entitled to any additional reimbursement for CPT codes 99080-73, 97545-WH and 97546-WH for dates of service 02-27-04 through 04-14-04.

#### **V. ORDER**

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the Medicare program reimbursement methodologies effective August 1, 2003 per Commission rule 134.202(c), plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 01-06-04, 01-21-04, 01-26-04 and 01-28-04 in this dispute.

The above Findings and Decision and Order are hereby issued this 11<sup>th</sup> day of February 2005.

Debra L. Hewitt  
Medical Dispute Resolution Officer  
Medical Review Division

DLH/dlh